

South Dakota Postsecondary Instructor Verification of Employment

One of the requirements for granting postsecondary instructors credential is the verification of successful work experience in a related field of the requested credential.

To be completed by applicant:

Application for an instructor credential for _____ (Credential description)

Full Name: _____	SS # _____
Address _____	City, State _____
Zip Code _____	Phone # _____ E-mail _____

To be completed by employer:

Name of Company: _____
Address, State, Zip Code _____
The above named individual was employed from _____ to _____ working an average of _____ hours a week. The total hours worked were: _____
Job Title: _____
Job Description: _____
Employer Signature _____ Date: _____

(* If **self employed**, complete employer section and submit a copy of your Tax Identification Number.)

Return this form to:

Becky Nelson
Office of Career & Technical Education
700 Governors Drive
Pierre, SD 57501-2291

Department of Education Use Only

_____ Approved requested credential
_____ Denied requested credential